

Bibliographic Information Application Data Sheet (ADS)

Inventor Information

Inventor One Given Name:: Michael
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Name Suffix::
Mailing Address Line One:: 66 Maugus Avenue
Mailing Address Line Two::
City:: Wellesley Hills
State or Province:: MA
Postal or Zip Code:: 02481

City of Residence:: Wellesley Hills
State or Prov. of Residence:: MA
Country of Residence:: USA

Citizenship Country:: US

[repeat for additional inventors]

Correspondence Information

Name Line One:: Kevin M. Farrell
Name Line Two:: Pierce Atwood
Address Line One:: One New Hampshire Avenue
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City:: Portsmouth
State or Province:: NH
Country:: USA
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Application Information

Title Line One:: DEVICE FOR LACERATION OR INCISION CLOSURE
Title Line Two::
[Repeat for any additional lines]
Suggested classification::
Suggested Tech. Center::
Total Drawing Sheets:: 3
Suggested Dwg. Figure for Pub:: 1
Docket Number:: 0156-2009US01
Application Type:: Utility

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Contract or Grant Numbers Two::

Secrecy Order in Parent Appl.?:: [Yes or No]

If plant parent app.,

Latin name of genus and species of plant claimed::

Representative Information

Registration Number One:: 35,505

Registration Number Two::

[Repeat for extra registration numbers]

Domestic Priority Information

This application is a::

[Continuation of, Continuation-in-part of, Division of,
Non-Provisional of, National Stage of, Reissue of,
Reexamination of, Substitution for]

Application One::

Filing Date::

which is a::

Application Two::

Filing Date::

[repeat as necessary]

Foreign Application Information

Foreign Application One::

Filing Date::

Country::

Priority Claimed: [Yes or No]

Assignee Information

Name of assignee:: ClozeX Medical, LLC

Address Line One:: 16 Laurel Avenue

Address Line Two:: Suite 200

City:: Wellesley

State or Province:: MA

Country:: USA

Postal or Zip Code:: 02481-7530